



### In This Issue

- |   |                                    |
|---|------------------------------------|
| ⊕ Prescribing OTC products                            | ⊕ NICE Guidance — Northern Ireland |
| ⊕ Deprescribing—Low dose Furosemide(20mg)             | ⊕ Service Notifications            |
| ⊕ Cost effective insulin needles—Unifine Pentips PLUS | ⊕ Managed Entry Decisions          |

## Prescribing OTC products

Guidance from the Department of Health NI (DoH NI) and the HSCB advises GPs not to prescribe medicines that can be purchased over-the-counter (OTC) by patients when they are being used to treat minor conditions or self-limiting illnesses. Over the last 12 months OTC medicines supplied against a HS21 prescription cost the health service in Northern Ireland over £6.5 million. In addition to the cost of medicines, processing prescriptions for minor ailments and self-limiting illnesses involves a significant amount of clinical and administrative time. This does not represent good use of health service resources. A list of conditions and examples of medicines that are readily available and may be bought OTC has been drawn up by DoH (NI) and HSCB and can be found on the [NI formulary website](#) under deprescribing.

### Action for GPs

- Preparations for self-limiting or minor conditions should not be put onto repeat prescribing. Review any patients who currently have these products on repeat.
- Avoid re-issuing such items from the acute list.
- Use [local guidance and resources](#) to encourage patients to self care when self-limiting conditions can be treated with OTC medicines.
- Refer patients as appropriate to the [Minor Ailment](#) or [Pharmacy First](#) schemes.

### Action for Community Pharmacists

- Support patients who require an OTC medicine to select a suitable product and provide appropriate advice.
- Support the GP practice in delivering the self care message and reinforce the importance of using the pharmacy for minor conditions or self-limiting illnesses.
- Assist patients who wish to use the [Minor Ailment](#) or [Pharmacy First](#) schemes where appropriate.

## DEPRESCRIBING - Low dose Furosemide (20mg)

Older people are often on multiple medications, many of which are no longer required. Low dose furosemide (20mg) is often prescribed outside its **licensed indication** of oedema, resistant oedema and resistant hypertension. Over the last 12 months 154,397 items have been dispensed for furosemide 20mg. In the management of dependent ankle oedema sometimes furosemide 20mg is prescribed, however, ambulation, leg elevation and/or compression hosiery (with appropriate assessment for use) is usually more appropriate. In addition it should not be first line for hypertension as safer, more effective agents are available. Furthermore, it can cause electrolyte disturbance and dehydration.

### Action for GPs

- Review patients who are using low dose furosemide for dependent ankle oedema only i.e. where there is no clinical, biochemical or radiological evidence of heart failure, liver failure, nephrotic syndrome or renal failure.
- Review patients who are using low dose furosemide as first line monotherapy for hypertension. If being used as first line monotherapy for hypertension then the patient may need reviewed and an alternative, appropriate first line agent for hypertension prescribed.
- Clarify indication for use of low dose furosemide, discuss with patient and stop if inappropriately prescribed.

### When not to stop:

- When being used for an indication other than dependent ankle oedema.
- If patient is not willing or it has previously been stopped unsuccessfully.

This article has been modified from an original article authored by Julie Magee, Pharmacist, Northern Trust.



## Cost effective insulin needles—Unifine Pentips PLUS

The cost of prescribing insulin/GLP1 needles in Northern Ireland has reduced significantly over the last number of years. Many practices have undertaken to switch patients to cost effective options. Diabetes nurses have also initiated new patients onto cost effective choices and are switching children and young people to cost effective choices at routine clinic appointments.

A list of cost effective choices of insulin/GLP1 needles currently on the NI Drug Tariff can be accessed on [N.Ireland Formulary website](http://N.Ireland Formulary website)

One of the cost effective needle choices is Unifine Pentips **Plus**<sup>®</sup>. There is an alternative needle available called Unifine Pentips<sup>®</sup> which is **NOT** a cost effective option. See table.



### Action for GPs

- Take care when prescribing Unifine Pentips Plus<sup>®</sup>; be aware that there is a similar named product, Unifine Pentips<sup>®</sup> on the drug dictionary which may be listed first on the GP clinical system.
- Consider adding an alert to the GP clinical system to highlight that Unifine Pentips Plus<sup>®</sup> is the cost effective option.

### Action for Community Pharmacists

- Ensure that all staff are aware that there are two products of Unifine needles available; Unifine Pentips<sup>®</sup> and Unifine Pentips Plus<sup>®</sup>.
- Take extra care when dispensing insulin needles to ensure that both the correct brand and size of needle are dispensed to the patient.

Needle brand	Sizes available (6mm and under)	Cost/100 (as per December 2019 NI drug Tariff)
Unifine	4mm/32G ✓	£5.95
Pentips <b>PLUS</b>	4mm/33G (DO NOT USE) X	£12.50
	5mm/31G ✓	£5.95
	6mm/31G ✓	£5.95
Unifine	4mm/32 gauge X	£11.75
Pentips	4mm/33 gauge X	£12.50
	5mm/31 gauge X	£12.00
	6mm/31 gauge X	£11.75

## NICE GUIDANCE — NORTHERN IRELAND SERVICE NOTIFICATIONS

Service Notifications have been issued in Northern Ireland for the following:

[TA 597](#) Dapagliflozin with insulin for treating type 1 diabetes

[TA 598](#) Olaparib for maintenance treatment of BRCA mutation-positive advanced ovarian, fallopian tube or peritoneal cancer after response to first-line platinum-based chemotherapy

[TA 600](#) Pembrolizumab with carboplatin and paclitaxel for untreated metastatic squamous non-small-cell lung cancer

[TA 611](#) Rucaparib for maintenance treatment of relapsed platinum-sensitive ovarian, fallopian tube or peritoneal cancer

[TA 612](#) Neratinib for extended adjuvant treatment of hormone receptor-positive, HER2-positive early stage breast cancer after adjuvant trastuzumab

The following are NOT recommended:

[TA 613](#) Fluocinolone acetonide intravitreal implant for treating chronic diabetic macular oedema in phakic eyes after an inadequate response to previous therapy

## MANAGED ENTRY DECISIONS

The following medicines were considered in January as part of the Northern Ireland Managed Entry process. **Please refer to the Managed Entry section of the Northern Ireland Formulary website for full details on Managed Entry decisions:** <http://niformulary.hscni.net/ManagedEntry/MEDecisions/Pages/default.aspx>

There were no Managed Entry decisions this month

This newsletter has been produced for GPs and pharmacists by the Regional Pharmacy and Medicines Management Team. If you have any queries or require further information on the contents of this newsletter, please contact one of the Pharmacy Advisors in your local HSCB office:

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